DUAL PARTICIPATION/PARTICIPANT ABUSE REPORT

Participant's name(s)				ISIS family/individual ID number(s)		
Corrective Actions Taker	1					
Warning letter		Date				
Temporary disqualification		Date NOA issued		Effective date	Number of months disqualified	Date participant may return to program
		Local agency temporarily disqualified from				
Permanently disqualified		Date NOA issued	Local a	agency(s) permanently disqualified from		
Date approved by WIC Branch	Approved by	y—name				
Explanation of Abuse (De	escribe	in detail.)				
Report Completed By					(Conti	nue on page 2, if needed)
Local agency name					Date	
, ,						
Staff person's name			Title		•	

DUAL PARTICIPATION/PARTICIPANT ABUSE REPORT (continued)

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